

**LIFE, ACCIDENT AND HEALTH INSURERS**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** \_\_\_\_\_ **Filings Made During the Year 2008**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"x14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, K(a), L
	1.1	Printed Investment Schedule detail (Pages E01-E25)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G, H(a), I, J, K(a), L
	3	Separate Accounts Annual Statement (8 1/2"x14")	3	EO		3/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	11	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	12	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	M
	13	Investment Risk Interrogatories	2	EO		4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	EO		4/1	Company	K(a)
	18	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	19	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	N(a), M
	20	Reasonableness of Assumptions Certification		EO	xxx	5/15, 8/15, 11/15	Company	
	21	Reasonableness & Consistency of Assumptions Cert.		EO	xxx	5/15, 8/15, 11/15	Company	
	22	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method		EO	xxx	5/15, 8/15, 11/15	Company	
	23	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)		EO	xxx	5/15, 8/15, 11/15	Company	
	24	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)		EO	xxx	5/15, 8/15, 11/15	Company	
	25	Risk-Based Capital Report	1	EO	N/A	3/1	NAIC	G, I, K(a)
	26	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	27	Statement of Actuarial Opinion	2	EO	xxx	3/1	Company	G, K(a)
	28	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	M
	29	Statement on par/non-par policies - Exhibit 5 Int. 1.1	2	EO	xxx	3/1	Company	M
	30	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K(a)
	31	Supplemental Schedule O	2	EO	xxx	3/1	NAIC	M
	32	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	33	Workers' Compensation Carve Out Supplement	2	EO		3/1	NAIC	M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	44	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	45	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	46	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	47	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	48	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	49	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	K(a), N(c)
	52	Audited Financial Statements	2	EO		6/1	Company	J, K(a)
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	K(a), R
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
		<b>V. STATE REQUIRED FILINGS</b>						N(b), P
	101	Certificate of Compliance	xxx	0	1	3/1	State	H(b)
	102	Certificate of Deposit	xxx	0	1	3/1	State	H(b)
	103	Certificate of Valuation	1	0	1	3/1	State	H(b)
	104	Filings Checklist (with Column 1 completed)	xxx	1	xxx	3/1	State	P
	105	Premium tax	1	0	1	3/1	State	K
	106	State Filing Fees	xxx	0	xxx		State	O
	107	Signed Jurat	xxx	xxx	1	3/1, 5/15, 8/15, 11/15	NAIC	K(b), L
	108	Application for renewal of C of A	1	0	1	3/1	State	K
	109	Updated Biographical Affidavits	1	xxx	N/A	3/1	Company	Domestic Only
	110	Form B & C - Holding Company Registration Statement	1	xxx	xxx	4/15	Company	K(a), S
	111	Form B Inter-Company Agreement Supplement	1	xxx	xxx	4/15	State	K(a), S
	112	Basket Clause Statement	1	xxx	xxx	3/1	State	K(a), T
	113	Affidavit for advertising Rules - Form enclosed	1	xxx	1	3/1	State	
	114	Affidavit Regarding TPA Pursuant to RSMo 376.1084	1	xxx	xxx	3/1	State	K(a)

**\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.**